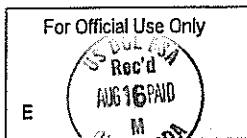


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7745</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Matthew</u> <u>Molinaro</u> P.O. Box, Bldg., Room No., if any Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 1262</u> Labor Organization File Number <u>051-552</u> P.O. Box, Building and Room Number, if any Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Ahold USA</u> Trade Name, if any: <u>Stop & Shop Supermarkets, Co.</u> P.O. Box, Bldg., Room No., if any <u>PO Box 55888</u> Street City <u>Boston</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02205-5888</u>	7.a. Nature of Interest, Transaction, or Income. <u>On 1-29-04 and 7-13-04, I attended business dinner meetings with representatives of Ahold, USA in Boston, MA. To my knowledge, representatives of Ahold, USA paid for the dinners. I do not know the value of these meals.</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Matthew Molinaro</u>	On <u>8/10/05</u> Date	<u>973 777 3700</u> Telephone Number

Name of Person Filing Matthew Molinaro

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UPCW Local 1262 Employer Benefit FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1389 Broad StreetCity CliftonState New Jersey ZIP Code + 4 07013

14.a. Nature of payment.

Business Meals at Trustee and Other Business
Related Meetings
See Attached Spreadsheet13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$625

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Matthew Molinaro - Attachment for LM-30 Part "C" 14.a.

Business Meals at Trustee and Other Business Related Meetings		
1/5/2004	39.86	
2/12/2004	41.91	
3/10/2004	46.50	
3/11/2004	21.90	
3/15/2004	47.78	
4/19/2004	41.91	
5/5/2004	13.54	
5/19/2004	66.35	
6/15/2004	39.86	
6/30/2004	62.56	
8/5/2004	27.70	
9/30/2004	8.83	
10/15/2004	50.73	
11/12/2004	54.00	
11/16/2004	35.39	
2/11/2004	25.85	
TOTAL	624.67	